

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PROBATIONARY EMPLOYEE CERTIFICATION AND RECOMMENDATION

**NEW APPOINTMENTS**

TO:

FROM:

DEADLINE DATE (*for return of this form to  
Personnel Office*)

Name	Social Security No.	Grade	Bureau/Office, Division, Branch, Section, Shift
Position Title		Period Evaluated	

**Refer to HHS Instruction 315-1.** As the supervisor, you are required to make recommendations as to whether the above named employee is to be retained or separated. If separation is recommended, notify the Personnel Office immediately.

The above named employee has been under my supervision while serving a probationary period. I certify that the employee's performance, conduct, general traits have been (check one) ☐ satisfactory ☐ unsatisfactory.

Therefore, I recommended that the employee (check one) ☐ be retained ☐ be separated.

THE BASIS FOR MY RECOMMENDATION IS AS FOLLOWS:

If additional space is required, attach a separate sheet to this form.

Signature of Immediate Supervisor	Title	Date
Signature of Reviewing Officer	Title	Date

**PRIVACY ACT NOTICE**

The collection of the information requested on this form is authorized by Title 5, United States Code S 3321 and the regulations issued thereunder. The information will be used in completing the probationary period rating required by HHS Instruction 315-1. This information should be used: a) in deciding on the retention or separation of the employee; b) for statistical information, excluding personal identification of individuals; and c) for other routine uses published in accordance with 5 USC 552a. In accordance with the Privacy Act, this information may be made available to the employee upon request. When completed, this form is a record subject to the provisions of the Privacy Act. As such, it must be safeguarded against unauthorized disclosure.